

## HUMAN SERVICES DEPARTMENT[441]

### Notice of Intended Action

**Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”**

**Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments implement the integrated health home (IHH) for members with a serious mental illness (SMI) or a serious emotional disturbance (SED), as defined in the state plan. This is phase 2 of a planned implementation meeting federal guidelines for this program. These amendments add the information required to define eligibility, modify the payment matrix to ensure accuracy, and ensure that health home providers collaborate with case managers or social workers for individuals with chronic conditions. These amendments ensure that individuals with SMI or SED will have all care coordinated within their integrated health home provider and that children with SED are served by integrated health home providers trained in a system of care model.

These amendments will improve the health of the Medicaid members with SMI or SED, with a focus on integrating mental, behavioral, and physical health; improving transitions of care; and lowering avoidable emergency room visits and hospital readmissions. In addition, these amendments will increase reimbursement to Medicaid providers that enhance their services to meet Department standards. Finally, the Department will be better able to serve these populations while achieving short-term budget savings with overall long-term budget neutrality.

Any interested person may make written comments on the proposed amendments on or before April 23, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to [policyanalysis@dhs.state.ia.us](mailto:policyanalysis@dhs.state.ia.us).

These amendments do not provide for waivers in specified situations because health home services are optional and confer a benefit on eligible individuals who elect to receive them. Waivers of particular provisions may be requested under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend subrule 77.47(1) as follows:

**77.47(1) Qualifications.** A designated provider of health home services must be a Medicaid-enrolled entity or provider that is determined through the provider enrollment process to have the systems and infrastructure in place to provide health home services.

*a.* and *b.* No change.

*c. Collaboration with case managers.* Health homes providing services to members eligible pursuant to 441—subparagraph 78.53(2)“a”(1) or (2) must collaborate, at least quarterly, with targeted case managers, other case managers, or DHS service workers for each member receiving case management services. Strategies to prevent duplication of coordination efforts by the health home and case managers or service workers must be developed by the health home and documented upon request. Documentation may include but is not limited to records of joint staffing meetings where a member’s medical needs, current activities, and waiver services needs are reviewed and appropriately updated.

d. Provision of integrated health home services. Health homes providing services to members eligible pursuant to 441—subparagraph 78.53(2)“a”(3) or (4) must be integrated health homes that:

(1) Consist of a team of health care professionals trained in providing health home services to members with a serious mental illness (SMI) and to members with a serious emotional disturbance (SED);

(2) Have a direct agreement with the Iowa Medicaid managed behavioral health organization to provide health home services for members with SMI or SED;

(3) Coordinate all community and social support services needs for members enrolled in the health home; and

(4) Follow a system of care model in providing health home services to members with SED, including collaboration with the child welfare, public health, juvenile justice, and education systems.

ITEM 2. Amend subrule 78.53(2) as follows:

**78.53(2) Members eligible for health home services.**

a. Subject to the authority of the Secretary of the United States Department of Health and Human Services pursuant to 42 U.S.C. §1396w-4(h)(1)(B) to establish higher levels for the number or severity of chronic or mental health conditions for purposes of determining eligibility for receipt of health home services, payment shall be made only for health home services provided to a Medicaid member who:

(1) ~~has~~ Has at least two chronic conditions ~~or~~;

(2) ~~has~~ Has one chronic condition and is at risk of having a second chronic condition;

(3) Has a serious mental illness; or

(4) Has a serious emotional disturbance.

b. For purposes of this rule, the term “chronic condition” means:

~~a.~~ (1) A mental health disorder.

~~b.~~ (2) A substance use disorder.

~~c.~~ (3) Asthma.

~~d.~~ (4) Diabetes.

~~e.~~ (5) Heart disease.

~~f.~~ (6) Being overweight, as evidenced by:

~~(1)~~ 1. Having a body mass index (BMI) over 25 for an adult, or

~~(2)~~ 2. Weighing over the 85th percentile for the pediatric population.

~~g.~~ (7) Hypertension.

c. For purposes of this rule, the term “serious mental illness” means:

(1) A psychotic disorder;

(2) Schizophrenia;

(3) Schizoaffective disorder;

(4) Major depression;

(5) Bipolar disorder;

(6) Delusional disorder; or

(7) Obsessive-compulsive disorder.

d. For purposes of this rule, the term “serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder (not including substance use disorders, learning disorders, or intellectual disorders) that is of sufficient duration to meet diagnostic criteria specified in the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and that results in a functional impairment. For this purpose, the term “functional impairment” means episodic, recurrent, or continuous difficulties that substantially interfere with or limit a person from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills and that substantially interfere with or limit the person’s role or functioning in family, school, or community activities, not including difficulties resulting from temporary and expected responses to stressful events in a person’s environment.

ITEM 3. Amend subrule **79.1(2)**, provider category “Health home services provider,” as follows:

Provider category	Basis of reimbursement	Upper limit
Health home services provider	Fee schedule based on <u>the member’s qualifying health condition(s)</u> . <del>number of member’s chronic conditions (not including conditions for which member is only at risk).</del> Submission of the per-member per-month (PMPM) claim from the provider confirms that health home services are being provided.	Monthly fee schedule amount.